LEGENT

SCHEDULING:

PHONE: 972-978-2525

FAX: 972-573-9779

☐ **STAT REPORT**

☐ **PROVIDE CD/DISC**

PATIENT INFORMATION

Name: DOB: / /

Primary Phone: Sex: ☐ M ☐ F

Date of Injury: / / Auto: ☐ Yes ☐ No LOP: ☐ Yes ☐ No Worker's Comp ☐ Yes ☐ No

Attorney Name: Phone: Fax:

☐ **STAT** ☐ **CONTRAST** ☐ **W/O CONTRAST**

MRI

- ☐ Cervical
  - ☐ Alar Ligaments
  - ☐ Flex/Ext
- ☐ Thoratic
- ☐ Lumbar
- ☐ MRA Brain
- ☐ MRA Carotids
- ☐ Brain
  - ☐ DTI
  - ☐ NeuroQuant/Icobrain
- ☐ Pituitary
- ☐ ICA's
- ☐ Chest
- ☐ Brachial Plexus
- ☐ Abdomen
- ☐ **Implanted Metal**
- ☐ **Pace Maker**

- ☐ Pelvis
- ☐ Shoulder L R
- ☐ Humerus L R
- ☐ Elbow L R
- ☐ Forearm L R
- ☐ Wrist L R
- ☐ Hand/Finger L R
- ☐ Hip L R
- ☐ Femur L R
- ☐ Knee L R
- ☐ Tib/Fib L R
- ☐ Ankle L R
- ☐ Foot/Toes L R
- ☐ **With/Without Contrast**
- ☐ Other _____
- ☐ **Claustrophobic**

X-RAYS

- ☐ Cervical
  - ☐ AP/Lat
  - ☐ Odontoid Series
  - ☐ Obliques
  - ☐ Flex/Ext
- ☐ Thoratic
- ☐ Lumbar
  - ☐ AP/Lat
  - ☐ Obliques
  - ☐ Flex/Ext
- ☐ Skull
- ☐ Nasal Bones
- ☐ Orbits
- ☐ Facial Bones
- ☐ Sinus
- ☐ Chest PA Only
- ☐ Chest 2 Views
- ☐ Ribs L R

- ☐ Soft Tissue Neck
- ☐ Pelvis
- ☐ Sacrum/Coccyx
- ☐ SI Joints
- ☐ Shoulder L R
- ☐ Humerus L R
- ☐ Elbow L R
- ☐ Forearm L R
- ☐ Wrist L R
- ☐ Hand/Finger L R
- ☐ Hip L R
- ☐ Femur L R
- ☐ Knee L R
- ☐ Tib/Fib L R
- ☐ Ankle L R
- ☐ Foot/Toes L R
- ☐ Other _____

COMPUTED TOMOGRAPHY-CT

- ☐ CT Head
- ☐ CT Facial Bones
- ☐ CT Abdomen
- ☐ CT Pelvis

- ☐ CT C-Spine
- ☐ CT T-Spine
- ☐ CT L-Spine
- ☐ CT Other

☐ CT Lower Extremity
☐ Right ☐ Left
Area: _____

☐ CT Upper Extremity
☐ Right ☐ Left
Area: _____

PHYSICIAN INFORMATION

Referring Physician: Clinic:

Referring Physician's Phone: Fax report to:

*ICD-10 and complete corresponding description and separate code for each test ordered. *Please do not use "rule out" or "Possible/Probable"*

COMMONLY USED ICD 10 CODES & DESCRIPTIONS

☐ S06.2 Traumatic Brain Injury ☐ S06.2XOA DTI Injury w/o loss of concussion ☐ R41.2Retrograde Amnesia
☐ M54.12 Cervical Radiculopathy ☐ M54.16 Lumbar Radiculopathy ☐ G31.84 Mild Cognitave Impairment
☐ M54.5 Low Back Pain ☐ M25.552 Left Hip Pain ☐ M25.551 Right Hip Pain

Patient Preparations for Procedures

CT Exam (CAT SCAN) Preparations

ABDOMINAL & PELVIS: Can have clear liquids and all medications are permitted up to four hours prior to the exam. Patient will need to drink barium liquid at specific time. Barium liquid will taste best cold or may be mixed with orange juice.

Specific instructions as follows:

ABDOMEN ONLY: Drink one bottle of barium liquid one hour prior to exam time.

ABDOMINAL & PELVIS: Drink one bottle of barium liquid two hours prior and one bottle one hour prior to exam.

PELVIS ONLY: Drink one bottle one hour before exam.

BRAIN W/ CONTRAST, SOFT TISSUE, NECK, SOFT TISSUE ORBITS, CHEST: Can have clear liquids and all medications are permitted up to four hours prior to exam.

CHEST CT: Send most recent chest x-ray and report with patient as this will **expedited** reading. Chest x-ray will be taken if indicated.

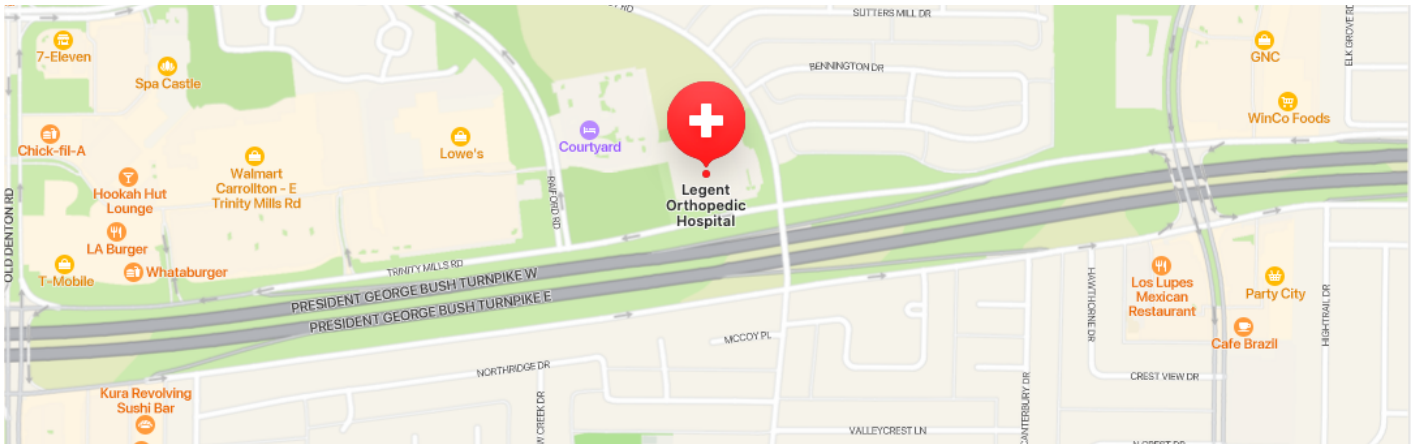
FOR CONTRAST STUDIES ONLY: If patient is diabetic, 60 years of age or older, the results of a BUN/Creatine blood test performed no more than 30 days prior to CT Exam must be faxed to center. This must be within normal limits to perform the test.

MRI (Magnetic Resonance Imaging) Preparation

No Jewelry No Hairpins No Pacemaker

No preparation needed. Arrive 30 minutes prior to scheduled appointment.
Wear simple clothing.

The above preparations are only recommendations by our radiologists. Other preps may be followed.



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